

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

APPLICATION FOR REFUND (USDC-CAND PAY.GOV)

Today's Date:

ACCOUNT HOLDER & REQUESTER INFORMATION

Account Holder Name:		
Billing Address:		
City:	State:	Zip Code:
Requester Telephone:	Requester Email:	

PAY.GOV TRANSACTION DETAILS

IMPORTANT: In the fields in this section, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov Screen Receipt or the Payment Confirmation e-mail.

Pay.gov Tracking ID Number:	Fee Type: <input type="checkbox"/> Attorney Admission <input type="checkbox"/> Civil Case Filing <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pro Hac Vice <input type="checkbox"/> Writ of Habeas Corpus
Agency Tracking ID Number: 0971-	
Full Case Number (if applicable):	
Transaction Date:	Transaction Time:
Transaction Amount (Amount to be refunded):	
Reason for Refund Request:	

Efile this form using **Other Filings** → **Other Documents** → **Application for Refund**. Or see: cand.uscourts.gov/ecf/payments.

For assistance, contact the ECFHelpDesk at ECFHelpDesk@cand.uscourts.gov or 1-866-638-7829 Mon-Fri 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY

Refund Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Denied - Resubmit Amended Application (see Reason for Denial)			
Approval/Denial Date:	Request Approved/Denied By:		
Pay.gov Refund Tracking ID Refunded:			
Agency Refund Tracking ID Number:			
Date Refund Processed:	Refund Processed By:		
Reason for Denial (if applicable):			
Referred for OSC Date (if applicable):			